



## **MICHIGAN STATE INDUSTRIES**

## NON-STATE AGENCY ORDER FORM NON-PROFIT ORGANIZATIONS PLEASE ATTACH COPY OF 501(c) 3 ATTACH COPY OF YOUR LETTERHEAD

BILL TO: COMPANY NAME:			TAX ID#:			
ADDRESS:			CITY:	ST:	ZIP:	
AUTh	IORIZED SIGNAT	URE:			← MUST	BE SIGNED
PRIN	Г NAME:					
CREDIT CARD #:			EXPIRATION DATE:			
E-MAIL ADDRESS:			ELEPHONE:		FAX:	
		NT FROM BILL TO) TO PRIVATE RESIDENCE				
ADDRI	ESS:		CITY:	ST:	ZIP:	
		<u>M</u>	AILING ADDRESS			
MICH	HIGAN STATE IN	DUSTRIES, ATTN: SA	LES TEAM, P.O. B	OX 30723, LA	NSING, MI	18909
		SALES TEAM PHONI	E: (517) 373-4277	FAX: (517) 37	3-6697	
LINE	ITEM#	DESCRIPTION	QTY		PRICE	TOTAL
			GRAND TOTA	L:		
ADDIT	ΓΙΟΝΑL REQUIREN	MENTS:				
than \$	100, delivery is with	I provides <b>FREE DELIV</b> nin the State of Michigan,	delivery is via MSI tru	cks, and delive	ry is drop ship	pped to a loading
		nin 50 feet of the delivery of				
		h a \$15.00 min. charge. F		ce contact Sale	s Dept. at <b>51</b>	
	Gas II.a Oaks / Cas	lit Card Approved		64	LES REPRES	IZNIT'A'TIYIZ